



PTO/SB/30 (09-06)

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Request 10/032,895 Application Number for October 19, 2001 Filing Date Continued Examination (RCE) Transmittal Christian GHEORGHE First Named Inventor 2155 Art Unit

Address to: MS RCE Commissioner for Patents P.O. Box 1450 F. Hamza **Examiner Name** Alexandria, VA 22313-1450 0289476.00124US1 Attorney Docket Number This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. 1. Submission required under 37 CFR 1.114 | Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. Consider the arguments in the Appeal Brief or Reply Brief previously filed on b. x **Enclosed** Information Disclosure Statement (IDS) X Amendment/Reply Affidavit(s)/Declaration(s) 2. Miscellaneous Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. 3. Fees The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. \_\_\_\_08-0219\_\_\_\_ . I have enclosed a duplicate copy of this sheet. X RCE fee required under 37 CFR 1.17(e) Extension of time fee (37 CFR 1.136 and 1.17) enclosed Check in the amount of \$ Payment by credit card (Form PTO-2038 enclosed) SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED November 15, 2006 Signature Registration No. 48,446 Laura A. Paquette Name (Print/Type)

11/17/2006 DEMMANU1 00000040 080219 10032895

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Express Mail Label No. EV 901257594 US Dated: November 15, 2006



PTO/SB/17 (07-06)
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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  |  |                              | Application No                       | Application Number 10    |  | 10/032,895                     |          |  |
| FEE TRANSMITTAL   |  |                              | Filing Date                          |                          |  | 2001                           |          |  |
|   |  |                              | First Named I                        |                          |  | Christian GHEORGHE             |          |  |
|   | For FY 20  | Examiner Nam                 | Examiner Name F.                     |                          | F. Hamza                               |                                |          |  |
| X Applicant claims small entity status. See 37 CFR 1.27   |  |                              | Art Unit                             | Art Unit 21              |  | 2155                           |          |  |
| TOTAL AMOUNT OF PAYMENT (\$) 395.00   |  | Attorney Dock                | Attorney Docket No. 02               |                          | 0289476.00124US1                       |                                |          |  |
| METHOD OF PAYMENT (check all that apply)  |  |                              |                                      |                          |  |                                |          |  |
| Check Credit Card Money Order None Other (please identify):   |  |                              |                                      |                          |  |                                |          |  |
| x Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP   |  |                              |                                      |                          |  |                                |          |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |  |                              |                                      |                          |  |                                |          |  |
| Tx Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee   |  |                              |                                      |                          |  |                                |          |  |
|   |  |                              |                                      |                          |  |                                |          |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |  |                              |                                      |                          |  |                                |          |  |
| FEE CALCUL  | .ATION   |                              |                                      |                          |  |                                |          |  |
| 1. BASIC FILIN  | G, SEARCH, AND EX                                  |                              |                                      |                          | T.O                                    |                                | •        |  |
|   | FII  | _ING FEES S Small Entity     | EARCH FEES<br>Small Entit            |                          | TION FEES Small Entity                 | 5                              |          |  |
| Application Type Fee (\$  |  |                              |                                      | Fee (\$)                 | Fee (\$)                               | Fees Pa                        | aid (\$) |  |
| Utility   | 300  | 150 50                       | 0 250                                | 200                      | 100                                    |                                |          |  |
| Design  | 200  | 100 10                       | 0 50                                 | 130                      | 65                                     |                                |          |  |
| Plant   | 200  | 100 30                       | 0 150                                | 160                      | 80                                     |                                |          |  |
| Reissue   | 300  | 150 50                       | 0 250                                | 600                      | 300                                    |                                |          |  |
| Provisional   | 200  | 100                          | 0 0                                  | 0                        | 0                                      |                                |          |  |
| 2. EXCESS CLAIM FEES  |  |                              |                                      |                          |  |                                |          |  |
| Fee Description   |  |                              |                                      |                          |  |                                | Fee (\$) |  |
| Each claim over 20 (including Reissues)   |  |                              |                                      |                          |  | 50                             | 25       |  |
| Each independe  | Each independent claim over 3 (including Reissues) |                              |                                      |                          |  | 200                            | 100      |  |
| Multiple depend   | lent claims  |                              |                                      |                          |  | 360                            | 180      |  |
| Total Claims  | l ' '  |                              | e Paid (\$)                          | ultiple Dependent Claims |  |                                |          |  |
| 54  | - 54 = >   |                              |                                      | Fee                      | (\$)                                   | Fee Paid (\$)                  | !        |  |
| HP = highest num  | ber of total claims paid for                       | , if greater than 20.        |                                      |                          |  |                                | _        |  |
| Indep. Claims   | Extra Claims                                       | Fee (\$) Fe                  | e Paid (\$)                          |                          |  |                                |          |  |
|   | - 4 = >  |                              |                                      |                          |  |                                |          |  |
|   | ber of independent claims                          | paid for, if greater than 3. |                                      |                          | -                                      |                                | _        |  |
| 3. APPLICATION SIZE FEE   |  |                              |                                      |                          |  |                                |          |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |  |                              |                                      |                          |  |                                |          |  |
| sheets or fr  | er 37 CFR 1.52(e)), action thereof See 3           | 5 U.S.C. 41(a)(1)(G) a       | nd 37 CFR 1.16(s                     | s).                      | ity) for cacif                         | additional 50                  |          |  |
| Total Sheet   |  |                              | h additional <u>50 or f</u>          |                          | Fee (\$)                               | Fee P                          | aid (\$) |  |
| Total Officer   | 100 =  | -                            | (round up to a w                     |                          |  | =                              |          |  |
| 4. OTHER FEE(S)  Fees Paid (\$)   |  |                              |                                      |                          |  |                                |          |  |
| Non-English Specification, \$130 fee (no small entity discount)   |  |                              |                                      |                          |  |                                |          |  |
| Other (e.g., 1  | ate filing surcharge):                             | 2801 Request for c           | ontinued examin                      | nation (RCE)             | (see 37                                | 39                             | 5.00     |  |
| SUBMITTED BY  | SUBMITTED BY () NO                                 |                              |                                      |                          |  |                                |          |  |
| Signature   | Registration No. 40 440 T. 4 400 COA 200 000       |                              |                                      |                          | -8800                                  |                                |          |  |
| Name (Print/Type)   | Laura A. Paquette                                  |                              |                                      |                          | Date                                   | November 15, 2006              |          |  |

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